

**CAP-MR/DD WAIVER TRANSITION
QUESTION AND ANSWER
July 21, 2005**

TOPIC	QUESTION	ANSWER
Local Approval	With the many revisions to Cost Summaries during this transition to the new waiver how can local approvers be expected to complete all that must be done by Sept. 1?	During this transition phase LMEs are encouraged to use other staff as needed to complete the process as quickly as possible.
Local Approval	If a Sept. CNR has a Cost Summary that exceeds the \$85,000 limit will it need to go to the Division for a second level clinical review?	Yes. These plans should be mailed to 3005 Mail Service Center, Raleigh, NC 27699 or faxed to 919-715-3604.
Local Approval	Do all revisions (due to the new waiver) and CNRs that are effective 9/1/05 have to be approved by 9/1/05?	Yes.
Local Approval	Do new CAP Service Orders have to be written for the new waiver services?	Yes. DMA requires new orders since service names and rates have changed. The CMs simply need to write a new order that lists the new service name/s. A doctor signature for this is not required.
Local Approval	When do plans need to be revised and go through the local approval process?	Plans only have to go through local approval process when the duration or frequency of a service is changed. The following services are changed and/or new and will require a revised POC and local approval: -Day Supports -Enhanced Personal Care -Enhanced Respite -Residential Supports -Home and Community Supports
Provider Enrollment	Does a provider who provides services in more than one LME need a letter of certification from each LME or just from one?	Each LME is responsible for completing a certification letter for each provider of Residential Supports and Day Supports in their catchment area. They do not have to do a full Certification Review. This will be done when the endorsement window opens for CAP-MR/DD services. These providers are not new

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		providers and therefore should have already have been reviewed.
Provider Enrollment	For provider agencies that have multiple AFLs is it possible that the Certification Letter from the LME could list all of the AFLs on one letter rather than having a separate letter for each AFL?	Yes.
Provider Enrollment	Is Provider Enrollment the same as Provider Endorsement?	No. The Provider Enrollment process as noted in the documents on the web are for the purpose of transition to the new waiver only. CAP-MR/DD waiver providers will be required to go through full Endorsement when the endorsement window opens for CAP-MR/DD services.
Provider Enrollment	Should providers amend their enrollment application forms to include the services that would cross-walk to the new Service Definitions?	No. The Provider Participation/Application form is for Residential and Day supports only.
Provider Enrollment	Can we amend the Certification Letter to only include Day and Residential Supports?	No. The form has already been revised to reflect new service definitions. You are only required to check Residential and/or Day Supports.
Provider Enrollment	Do you just want the initial Provider Endorsement Certification letter or do you also want a copy of the latest CAP Implementation Review report?	The revised Certification Letter must be submitted, not an old letter. However, it is not necessary to do a full review at this time. The Implementation Review report is not required to be attached.

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Provider Enrollment	10A NCAC 27G .5600F spells out all the exemptions that relate to AFL homes (licensed and unlicensed). From this we presume that everything not included in the exempt items would be used to verify compliance for that home, are we correct in this assumption?	Please reference Q & A document dated July 19, 2005 in regard to enrollment process for AFLs.
Provider Enrollment	What do we do about enrollment of brand new waiver providers?	New providers of CAP-MR/DD services will need to go through the full enrollment process that is currently in place until the endorsement window for CAP is open.
Provider Enrollment	Does a licensed facility have the option to not enroll immediately for Day Supports and bill Home and Community Supports?	See Provider Enrollment of Day and Residential Supports document on the web. However, please note that if the licensed day facility is not currently enrolled to provide CAP-MR/DD services they must go through the full enrollment process currently in place before they can provide the service. The Home and Community Supports may be provided by a provider agency other than the day facility during this transition period.
Waiver Implementation	Will the implementation date for the waiver of Sept. 1 be postponed?	No. The processes in place to transition to the new waiver have been simplified as much as possible.